

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	9/6		7/27/0
O.I.P.E. CLASSIFIER	HT		6/13
FORMALITY REVIEW	CG	50227	8/11/00
RESPONSE FORMALITY REVIEW	5002	67778	11/15/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1		9/18/0	
2		9/18/0	
3		9/18/0	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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